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PATENT
Attorney Docket No.: 021770-000120US

On

8/24/05

TOWNSEND and TOWNSEND and CREW LLP

By:

Tiffany Wu

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

EITAN KONSTANTINO ET AL.

Application No.: 10/810,330

Filed: June 25, 2004

For: APPARATUS AND METHODS
FOR TREATING HARDENED
VASCULAR LESIONS

Examiner: Unassigned

Art Unit: 3731

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

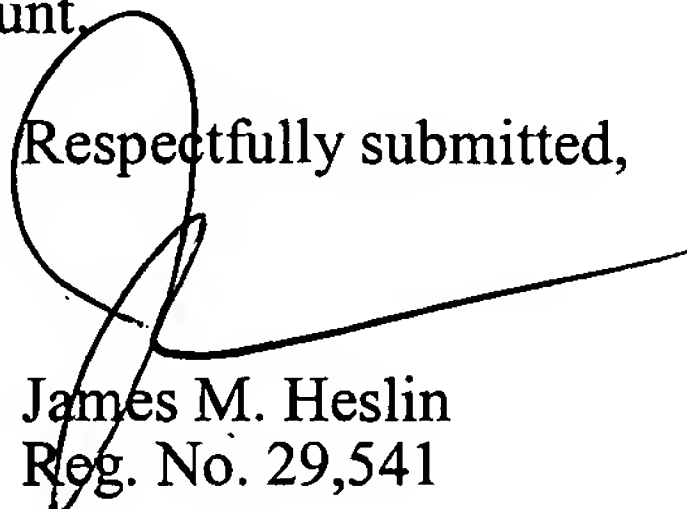
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


James M. Heslin
Reg. No. 29,541

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60569735 v1



PTO/SB/08A (08-03)

Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 2

Complete if Known

Application Number	10/810,330
Filing Date	June 25, 2004
First Named Inventor	KONSTANTINO, EITAN
Art Unit	3731
Examiner Name	Unassigned
Attorney Docket Number	021770-000120US

U.S. PATENT DOCUMENTS+

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	1	5,108,416	04-28-1992	Ryan et al.	
	2	5,456,667	10-10-1995	Ham et al.	
	3	5,571,086	11-05-1996	Kaplan et al.	
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	16	6,648,912 B2	11-18-2003	Trout, III et al.	
	17	2002/0038144 A1	03-28-2002	Trout, III et al.	
	18	2002/0165599 A1	11-07-2002	Nasralla	
	19	2003/0074046 A1	04-17-2003	Richter	
	20	2003/0105509 A1	06-05-2003	Jang et al.	
	21	2003/0149468 A1	08-07-2003	Wallsten	
	22	2003/0171799 A1	09-11-2003	Lee et al.	
	23	2003/0195609 A1	10-16-2003	Berenstein et al.	
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	25	2003/0199988 A1	10-23-2003	Devonec et al.	
	26	2003/0208255 A1	11-06-2003	O'Shaughnessy et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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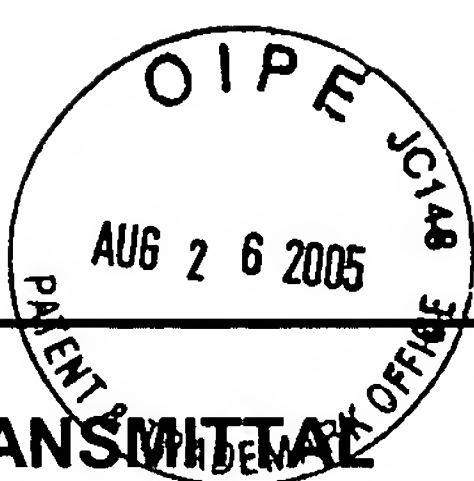
Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				<i>Application Number</i>	10/810,330
				<i>Filing Date</i>	June 25, 2004
				<i>First Named Inventor</i>	KONSTANTINO, EITAN
				<i>Art Unit</i>	3731
				<i>Examiner Name</i>	Unassigned
Sheet	2	of	2	<i>Attorney Docket Number</i>	021770-000120US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.); date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.



IRW

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/810,330	
	Filing Date	June 25, 2004	
	First Named Inventor	KONSTANTINO, EITAN	
	Art Unit	3731	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	021770-000120US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard PTO/SB/08A & PTO/SB/08B
		Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	August 24, 2005	Reg. No.	29,541

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